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**DEPARTMENT OF FINANCIAL REGULATION**

**CAPTIVE INSURANCE  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name and address of the present or proposed Captive Insurance Company under which this biographical statement is being required \_\_\_\_\_  
\_\_\_\_\_

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. **ATTACH ADDITIONAL PAGES IF SPACE PROVIDED IS INSUFFICIENT TO FULLY ANSWER ANY QUESTION.**

1. Affiant's Full Name (Initials not acceptable) \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Name of Spouse (if applicable) \_\_\_\_\_

2. Affiant's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Place of Birth (City, State/Province, Country) \_\_\_\_\_

3. Have you ever used any other name including nickname, maiden name or aliases? If yes, give the reason and provide the full name(s) and date(s) used.                      Yes                      No

Date(s) Used (MM/YY)      Name(s)                      Reason(s)

\_\_\_\_\_ to \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_                      \_\_\_\_\_

4. Are you a citizen of the United States?                      Yes                      No

Are you a citizen of another country?                      Yes                      No

If yes, identify the country \_\_\_\_\_

Government Identification Number if not a U.S. Citizen \_\_\_\_\_

5. Education and Training:

College/University                      City/State                      Dates Attended                      Degree Obtained

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Graduate or Professional                      City/State                                      Dates Attended                                      Degree Obtained

\_\_\_\_\_

Other Training/Education                      City/State                                      Dates Attended                                      Degree Obtained

\_\_\_\_\_

(Note: If affiant attended a foreign school, please provide the full address and telephone number of the college/university and, if applicable, provide the foreign student Identification Number.

\_\_\_\_\_

6. List your residences for the last ten (10) years starting with your current address.

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Beginning/Ending

Dates (MM/YY)                      Street Address/City, State/Province, Country

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Affiant's present position with captive insurance company \_\_\_\_\_

8. Affiant's present primary occupation or profession (other than with captive insurance company)

Position or Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address of Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

How long with this employer \_\_\_\_\_

9. Do you have any memberships in any professional societies and/or associations?                      Yes                      No

If yes, provide name(s) \_\_\_\_\_

\_\_\_\_\_

10. List complete employment record for the past **twenty (20)** years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officer ships) starting with the most recent. Telephone numbers and supervisory information are necessary for only the past ten (10) years. **(Attach additional pages as needed.)**

Employer's Name \_\_\_\_\_

Beginning /Ending Date (MM/YY) \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Country \_\_\_\_\_

Offices/Positions Held \_\_\_\_\_

Supervisor/Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer's Name \_\_\_\_\_

Beginning /Ending Date (MM/YY) \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Country \_\_\_\_\_

Offices/Positions Held \_\_\_\_\_

Supervisor/Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

11. Have you ever been in a position which required a fidelity bond?                      Yes                      No

Have there been any claims made on the bond?                      Yes                      No                      N/A

If yes, provide details \_\_\_\_\_

Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes                      No                      N/A

If yes, provide details. \_\_\_\_\_

12. Do you presently hold or have held in the past any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority or licensing authority (including licenses to sell securities?                      Yes                      No

12. *contd.* If yes, for any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license(s) issued. (**Attach additional pages as needed.**)

Organization/Issuer of License \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Country \_\_\_\_\_

Phone Number (if known) \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_

Date Issued (MM/YY) \_\_\_\_\_ Date Expired (MM/YY) \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Organization/Issuer of License \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Country \_\_\_\_\_

Phone Number (if known) \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_

Date Issued (MM/YY) \_\_\_\_\_ Date Expired (MM/YY) \_\_\_\_\_

Reason for Termination \_\_\_\_\_

13. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “NO” to the question.

**Note: If the response to any question is answered “Yes”, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.**

Have you ever:

a. Been refused an occupational, professional or vocational license or permit by a regulatory authority, or any public administrative, regulatory, or governmental licensing agency? Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory or disciplinary action? Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory or disciplinary action?      Yes      No
  - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?      Yes      No
  - e. Pled guilty, or nolo contendere, or been convicted of any criminal offense(s) other than civil traffic offenses?  
Yes      No
  - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?      Yes      No
  - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?      Yes      No
  - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?      Yes      No
  - i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  
Yes      No
  - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes      No
14. Do you control, directly or indirectly, any entity subject to regulation by an insurance regulatory authority? The term "control" (including the terms "controlling", "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.      Yes      No

If yes, identify the entity or entities. \_\_\_\_\_  
\_\_\_\_\_

15. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, ten percent (10%) or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified? Yes No

If yes, identify the company or companies in which the cumulative stock holdings represent ten percent (10%) or more of the outstanding voting securities. \_\_\_\_\_

Are any of the shares of stock pledged in any way? Yes No N/A

If yes, provide details. \_\_\_\_\_

16. Have you ever been adjudged as bankrupt? Yes No

If yes, provide details: \_\_\_\_\_

17. To your knowledge, has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If "Yes", please indicate and attach details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? Yes No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_, and

Who is personally known to me, or

Who produced the following identification \_\_\_\_\_

[Seal]

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Notary Name

Notary Public authorized by the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ to administer oaths.

My commission expires on \_\_\_\_\_.